

OFFICIAL USE ONLY

PERMIT FEES:

DATE RECEIVED:

DATE ISSUED: _____

ISSUED BY: _____



230 2nd Street, Raymond, Washington 98577
 360.942.4100, www.cityofraymond.com

COMMERCIAL RE-ROOF PERMIT APPLICATION**PROPERTY OWNER INFORMATION** Contact Person

Name:

Mailing Address:

City/State/Zip:

Phone:

Phone:

Email:

DESCRIPTION OF WORK**APPLICANT INFORMATION** Contact Person

Name:

Mailing Address:

City/State/Zip:

Phone:

Phone:

Email:

CONTRACTOR INFORMATION Contact Person

Name:

Project Value:

Address:

City/State/Zip:

Phone:

Phone:

Email:

WA ST License #:

JOB SITE INFORMATION AND LOCATION

Job Site Address:

Tax Parcel ID No.:

Legal Description:

Township/Range/Section / /

Directions to site:

Legal Description and Tax Parcel Number can be found on your tax statement, the Pacific County web site address listed above or by calling the Assessor's office at 360-642-9301 or 360-875-9301. **Applications cannot be processed without this information.**

I hereby certify under penalty of perjury under the laws of the State of Washington that the following is true and correct:

1. *I have read and examined this Mechanical Permit Application.*
2. *The information provided in this application contains no misstatement of fact.*
3. *I am the owner(s), or the authorized agent(s) of the owner(s) of the property which is the subject of this development application.*
4. *I am currently a licensed general contractor or specialty contractor under Chapter 18.27 RCW.*

Authorized Signature:

Print Name

Date: